

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner for Patents,
P.O. Box 1450
Alexandria, VA. 22313-1450 "

on December 10, 2003

RIMMA MITELMAN

Reg. No. 34,396

Attorney for Applicant(s)

12/10/03

Date of

Signature

PATENT

RESPONSE UNDER 37 CFR 1.116

EXPEDITED PROCEDURE

EXAMINING GROUP #

1652

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.: 000201
Attorney Docket No.: C7535(V)
Applicant: Davis et al.
Serial No.: 09/998,660
Filed: November 29, 2001
For: Detergent Compositions Comprising Benefit Agents
Group: 1652
Examiner: M. Rao
Edgewater, New Jersey 07020
December 10, 2003

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

Sir:

In response to the Office Action dated November 12, 2003, please consider the following amendments and remarks:

Amendment to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

Image AF/1652

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UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office

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RESPONSE UNDER 37 CFR 1.118
EXPEDITED PROCEDURE

EXAMINING GROUP #

1652

Customer No.: 000201
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

| | (2) * Claims Remaining After Amendment | | (4)** Highest No. Previously Paid For | (5) Present Extra | (6) Rate | (7) Additional Fee |
|---|--|-------|---|----------------------|-----------|--------------------|
| Total Claims | | Minus | | | \$ 18.00 | |
| Independent Claims | | Minus | | | \$ 80.00 | |
| Multiple Claims | | | | | \$ 270.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$ | |

*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

**If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

☐ Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

☒ 37 C.F.R. § 1.16;

☒ 37 C.F.R. § 1.17;

☒ 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

RM/sa
201) 840-2671

Rimma Mitelman
Registration No. 34,396
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